

Lung cancer screening: Coverage in health insurance plans

The 2011 National Lung Screening Trial (NLST) found screening individuals at high risk for lung cancer could reduce mortality from the nation's leading cause of cancer deaths by as much as 20 percent. Subsequently, the U.S. Preventive Services Task Force gave lung cancer screening a 'B' recommendation, and Medicare also added coverage of screening for individuals at high risk. Below is an explanation of how screening is covered for various types of insurance.

Plan/Type of Plan	Population Served by Plan	Requirement for Coverage of Lung Cancer Screening (Must meet ALL criteria)	Cost-Sharing Allowed?
Medicare's National Coverage Determination			
Traditional Medicare	Ages 65+	Coverage implemented in Medicare Part B for ages 50-77. No signs or symptoms of lung cancer 20 pack-years smoking history Currently smoke or quit smoking in the last 15 years	No, patients should not be charged a copay, coinsurance, or deductible for screening. However, patients must go to a Medicare-approved facility and provider to avoid extra costs.
Medicare Advantage (MA)	Ages 65+ who opt for Medicare Advantage plans	Coverage required for ages 50-77. MA plans may opt to cover screening for individuals 78 and older. No signs or symptoms of lung cancer 20 pack-years smoking history Currently smoke or quit smoking in the last 15 years	No, patients should not be charged a copay, coinsurance, or deductible for screening. However, patients may need to go to an "in network" facility and provider to avoid extra costs.
U.S. Preventive Services Task Force (USPSTF) Recommendation*			
Medicaid Expansion	Incomes up to 138% of the Federal Poverty Level (in states that have chosen to expand Medicaid), including childless adults	Age 50-80 20 pack-years smoking history Currently smoke or quit smoking in the last 15 years	No, patients should not be charged a copay or other costs for screening. However, patients should check if there are certain facilities or providers they must use for the screening to avoid extra costs.

Plan/Type of Plan	Population Served by Plan	Requirement for Coverage of Lung Cancer Screening (Must meet ALL criteria)	Cost-Sharing Allowed?
State Health Insurance Marketplace Plans	Mostly the unemployed, self-employed, part-time workers, and employees of small companies. Most individuals qualify for financial assistance.	Age 50-80 20 pack-years smoking history Currently smoke or quit smoking in the last 15 years	No, patients should not be charged a copay, coinsurance, or deductible for screening. However, patients may need to go to an “in network” facility and provider to avoid extra costs.
Large Group and Self-Insured Plans**	Employees of large employers (over 50 employees), member of unions	Age 50-80 20 pack-years smoking history Currently smoke or quit smoking in the last 15 years	No, patients should not be charged a copay, coinsurance, or deductible for screening. However, patients may need to go to an “in network” facility and provider to avoid extra costs.
Other			
Traditional Medicaid	Lowest income individuals, mostly children, pregnant women and disabled	No automatic requirement. Coverage set by state policymakers.	Yes
Small Group and Individual Plans (Outside Marketplaces)**	Mostly the unemployed, self-employed, part-time workers, and employees of small companies.	Many plans must comply with the USPSTF standard mentioned above. However, certain plans – like short-term limited-duration plans, association health plans and plans sold directly by farm bureaus or health ministries – do not have to follow these standards and may not cover lung cancer screening.	Varies

* The U.S. Preventive Services Task Force (USPSTF) issued a ‘B’ recommendation for lung cancer screenings on December 30, 2013 for those at high risk and updated this recommendation on March 9, 2021. Under the Affordable Care Act, most plans must cover preventive services given an ‘A’ or ‘B’ by the USPSTF.

** Grandfathered plans are not required to cover preventive services without cost-sharing.